MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/454348 FILING DATE 12-3-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1		/						51							
2		/						52							
3		/						53							
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47								97							
48								98							
49								99							
50								100							
TOTAL IND.	3							TOTAL IND.							
TOTAL DEP.	20							TOTAL DEP.							
TOTAL CLAIMS	23							TOTAL CLAIMS							